

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	PA	7091	10/25
<b>O.I.P.E. CLASSIFIER</b>	X		10-31-00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	CH	71632	4/24/01
		71471	12/5

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-01-01
2	✓	✓	
3	✓	0	
4	✓	0	
5	✓	0	
6	✓	✓	
7	✓	✓	
8	✓	0	
9	✓	0	
10	✓	0	
11	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy